



Georgia<sup>®</sup> Department of 

# Community Affairs

## YOUR 2020 CDBG

### Grant Award and Financial Management

October 28, 2020

Cindi Bernhardt



# GRANT AWARD PACKAGE

1. Statement of CDBG Award
2. Budget Summary
3. General & Special Conditions
4. Statement of Revisions
5. Authorized Signature Card
6. Supplier Management Form
7. Banking Letter
8. Drawdown Form
9. Form W-9

(Chapter 1)



# 1. STATEMENT OF CDBG AWARD

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- Your CONTRACT with DCA
- Your unique GRANT #. Include GRANT # on ALL forms & correspondence to DCA
- GRANT PERIOD: An Important Timeline to Keep

Sign & Return to DCA.  
KEEP A COPY FOR YOUR FILES.

- Signature Required of the Chief Elected Official unless appointed otherwise in meeting minutes or in a Resolution.
- A copy of the meeting minutes or a Resolution that applies must be included with the award package documents and returned to DCA within 30 days of receipt of the award package.

## 2. BUDGET SUMMARY

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- Your Official Budget
- Use THIS budget (not application's) to create your ledger, accounting records
- Local match/leverage is listed at bottom; keep documentation of it – it will be monitored
- DO NOT SIGN & RETURN this form with the award package

## 3a. GENERAL CONDITIONS

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- For ALL CDBG awards
- Includes standard, mandatory CDBG compliance responsibilities (Environmental, Section 3, Conflict of Interest, etc.)
- Must be signed & returned in award package

## 3b. SPECIAL CONDITIONS

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- Specific to each CDBG Award
- Elected Official's Signature = "I agree to clear these conditions ASAP." (See General Conditions)
- Not cleared until you receive a "Grant Adjustment Notice" (no clearance, no \$\$\$)
- Must be signed & returned in award package

## 4. STATEMENT OF REVISIONS

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- Your Statement of Award might say, “This award is subject to revisions” →
- Changes to proposal were made (usually budget)
- Review thoroughly, sign & return with award package



## 5. AUTHORIZED SIGNATURE CARD

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- Local authorization to sign & submit draws
- Gives option of 1 or 2 signatures on draws
- At least one local government signature is required (employee or official)

**Authorized Signature Card  
For Drawdown of CDBG Funds**

Name of Recipient: <input type="text"/>	Award Number: <input type="text"/>
CHECK ONE: <input type="checkbox"/> ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS or <input type="checkbox"/> ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN	
SIGNATURES OF INDIVIDUALS AUTHORIZED TO DRAW ON THE CITED LETTER OF CREDIT	
Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>	Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>
Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>	Typed Name: <input type="text"/> Job Title: <input type="text"/> Signature: <input type="text"/>
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE: Typed Name: <input type="text"/> Title: <input type="text"/>	
SIGNATURE OF Authorizing Official ( <i>Recipient</i> )	DATE

**INSTRUCTIONS**

An Authorized Signature Card must be signed by at least two signatories (one of which must be a local government employee) authorized to request payment of funds under the grant agreement. Check the box designating either one (1) or two (2) signatures as required. (NOTE If the authorized official designates himself for drawdown, the two (2) signatures required box must be checked.) The Authorizing Official should also sign the card (on the SIGNATURE OF AUTHORIZING OFFICIAL line) to certify that the individuals named are indeed authorized to request payment and that the signatures on the card are theirs. No erasures or corrections may appear on this form.

If the name of someone on this form changes, DCA must receive a corrected signature card with current information within 30 days for the signature to be valid.

Each drawdown form must have the signature of at least one authorized local government representative at the time of the draw.



# YOUR CDBG BANK ACCOUNT

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- Separate, non-interest bearing bank account for each CDBG award
- Account is for CDBG \$\$\$ ONLY (no match or any other project funds!!!!!!!!!!)

## Tips:

1. Check with bank for minimum balance; if local \$ is used to open, it can be reimbursed later
2. CDBG will not pay insufficient fund charges
3. CDBG funds-on-hand for over three-business days should be limited to \$5,000 or less. If more than \$5,000....you must send it back to DCA.

# 6. SUPPLIER MANAGEMENT FORM

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- Draw-Down funds deposited electronically to your CDBG bank account
- Must be signed & returned with award package
- Attach an approved Bank Letter (see Appendix 1, item #3)

# NEW SUPPLIER FORM



## SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.  
 Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

### STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER	
Newly Assigned Supplier ID	_____
Existing TeamWorks Supplier ID	_____

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)	
Change Bank Acct - Loc#	_____
Change Address - #	_____
Classification Change	_____
HCM Vendor	_____
Statewide Contract (DOAS Use Only)	_____
Other (Provide Details in Section 5 and Initial)	_____

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed above.

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

FEI/SSN/TIN NUMBER: \_\_\_\_\_  
 SUPPLIER NAME: \_\_\_\_\_  
 PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_  
 PRIMARY #: \_\_\_\_\_ EXT: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ EXT: \_\_\_\_\_  
 LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION) | LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION)  
 CONTACT EMAIL: \_\_\_\_\_

### SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.  
 Check here if this account can only be used for SPECIFIC purpose. \_\_\_\_\_  
Describe specific purpose

#### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: \_\_\_\_\_  
 PYMT REMIT EMAIL: \_\_\_\_\_

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer: \_\_\_\_\_ Signature of Company Officer: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

<input type="checkbox"/> Deactivate Supplier Profile (Enter justification in Section 5)
<input type="checkbox"/> Reactivate Supplier Profile
<input type="checkbox"/> 1099 Applicable. Enter Code _____
<input type="checkbox"/> Add <u>New</u> Bank Account (Must complete Section 2)
<input type="checkbox"/> Change <u>Existing</u> Bank Account (Must complete Section 2)
<input type="checkbox"/> FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/> Supplier (Business) Name Change
<input type="checkbox"/> Add <u>Additional</u> Business Address
<input type="checkbox"/> Change <u>Existing</u> Business Address
<input type="checkbox"/> Other (Provide Details in Section 5)

### SECTION 4 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

\*Small Business  Women Owned  Minority Business Enterprise (51% Owned):  
 GA Resident Business  Hispanic – Latino  African American  Native American  
 Asian American  Pacific Islander  Not Applicable

\*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

### SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)



# 7. BANKING LETTER

## BANK LETTERHEAD

### Exhibit A Sample Bank Letter

Date: (Date of Vendor Visit)

TO WHOM IT MAY CONCERN:

Please accept this letter as confirmation for the following account in order to direct electronic payments such as wires and ACH's into the account as necessary. This is a non-interest bearing bank account and will contain only CDBG grant funds.

Account Number:

ABA/Routing Number:

Legal Business Name on Account:

Address:

Please let me know if you have any further questions or require any additional information.

Sincerely,

Name  
Contact information

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>
	Requester's name and address (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
<b>OR</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </table>					-			
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



# AWARD PACKAGE CHECKLIST



## CDBG AWARD PACKAGE CHECKLIST

DCA will only accept a complete award package. Please follow this checklist to ensure all forms are completed accurately. Grant administrators should review the award package for accuracy. Incomplete forms or forms with errors will result in the return of the entire award package for resubmission.

### Within 30 Days of Award:

- \_\_\_\_\_ Carefully read and review ALL information received.
- \_\_\_\_\_ Execute the Statement of Award, General Conditions, Special Conditions and the Statement of Revision (if applicable)
  - All forms must be signed by the Chief Elected Official or Authorized Designee
  - Attest signature and affix the local governments official seal where indicated
- \_\_\_\_\_ Review and retain the Budget Summary for your local records
- \_\_\_\_\_ Complete the Authorized Signature Card (Instructions are noted on the bottom of the form)
  - Be sure to indicate whether 1 or 2 signatures are required for drawdown requests
  - Provide up to 4 approvers with titles and signatures
  - Form must be signed by the Chief Elected Official ONLY
- \_\_\_\_\_ Supplier (Vendor) Management Form (Rev. 8/2020)
  - Use the attached sample as a guide
  - Leave the State of Georgia Liaison Section and Section 4 BLANK.
  - The State Accounting Office will CALL to verify the account. Carefully select who can verify this information and provide the contact information and availability of this person as indicated on the sample.
- \_\_\_\_\_ Banking Letter
  - Use the attached sample as a guide. Please use the exact wording.
  - Must be placed on bank letterhead and signed by a bank official
  - Legal Business Name on the Account must match the W-9 form
- \_\_\_\_\_ W-9 Form (Rev. October 2018)
  - Line 1 – Business name must match the Bank Letter and the Supplier Management Form
  - Line 2 – Only if different from #1
  - Line 3 – Check the “Other” box and enter “City Government” or “County Government” whichever applies
  - Line 4 – Leave Blank
  - Lines 5 & 6 – Enter complete address of City/County Government
  - Line 7 – Leave Blank
  - Part I – Taxpayment Identification Number – Enter Employer Identification Number
  - Part II – Certification – Form should be signed by Authorized Official for the Local Government and dated.
- \_\_\_\_\_ Retain one copy of the entire award package for the local grant file
- \_\_\_\_\_ Mail the original award package including all forms to:

Georgia Department of Community Affairs  
Office of Community Development - CDBG  
60 Executive Park South, NE  
Atlanta, GA 30329



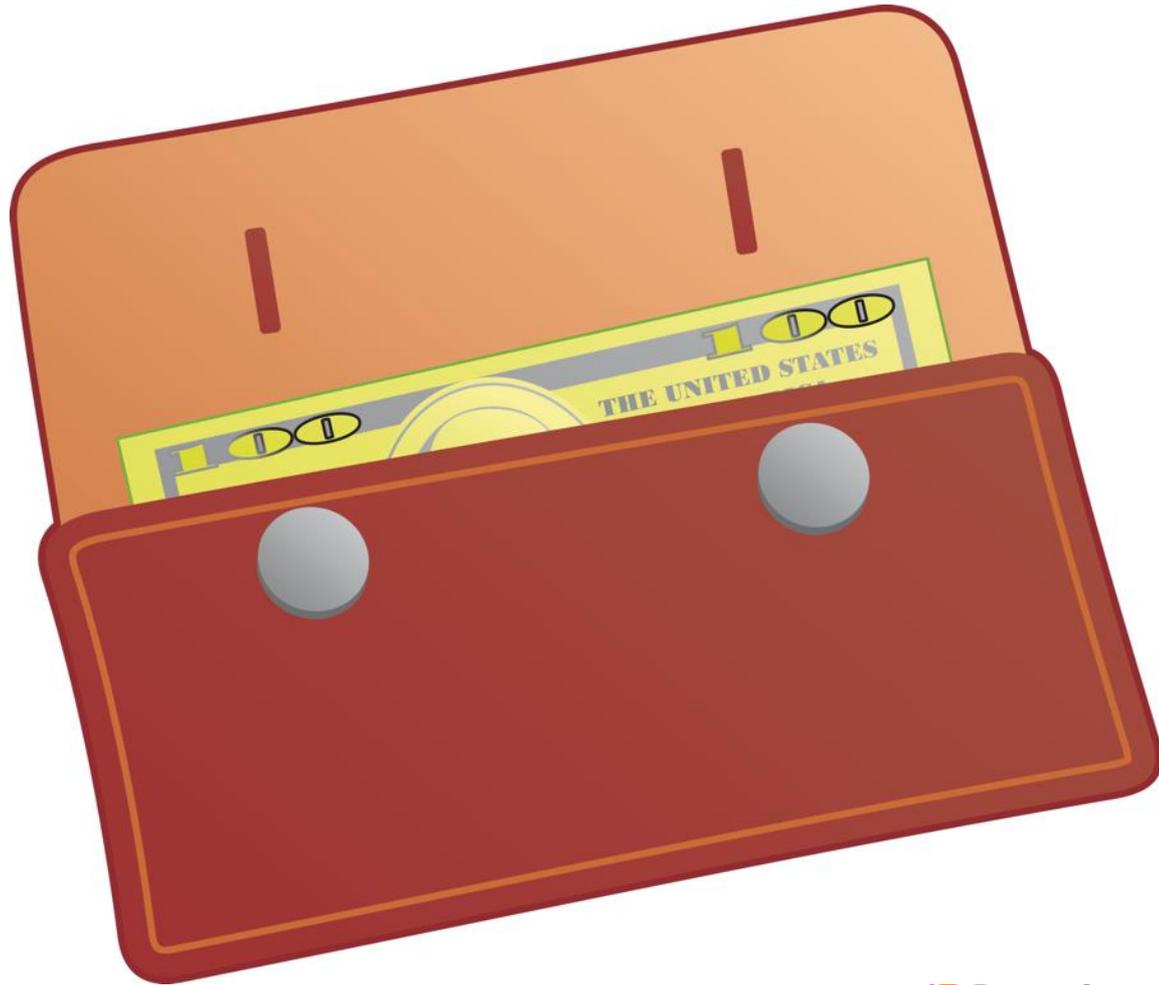
# IMPORTANT REMINDERS

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- Keep copies of your entire award package
- Sign & Return Award Package within 30 days of award
- November 28, 2020
- Remember: No Signed Award Package = No \$\$\$



# FINANCIAL MANAGEMENT



# FINANCIAL MANAGEMENT

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“...financial records should be established & maintained in such a manner as to facilitate the reporting and monitoring of expenditures and obligations by activity.”

--Ch. 3, *Financial Management & Administration*

Bottom Line:

- You need a good ledger and financial filing system for your project – please review Chapter 3 carefully.
- You will be monitored for Financial Management

# YOU CANNOT DRAW DOWN FUNDS UNTIL YOU...

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- Complete and submit grant award package to DCA
- Clear your special conditions through GAN's
- Receive DCA environmental clearance for non-exempt activities
- ...are caught up on Quarterly Reports
- Verify required cash match/leverage (for final draw down)



# 8. DRAWDOWN FORM

**Reset All** Georgia Department of Community Affairs Request for Drawdown of CDBG Funds **Save Data**

1. Recipient Name: \_\_\_\_\_ 2. Grant Number: \_\_\_\_\_

Name and telephone number of the person to contact. Drawdown Request Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Final Drawdown? (type an X in the appropriate box)

Yes [\(Click to Refresh\)](#) **Reset Draw**

**3. Drawdown Information**

A.	B.	C.	D.	E.	F.	G.	H.

4. If any of the amounts in Column H will exceed remaining funds available, please designate the activity number from which you want funds transferred.

6. I hereby certify that the data above is correct, that this request is in accordance with the terms and Conditions of the above referenced grant and that the amount requested is not in excess of current needs

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Below For DCA Use Only				
Date Received	Explanation of Differences (if applicable)			
Date of Wire				
Amount Approved	Reviewed by	Date	Approved by	Date

DDForm DCA v01 2012

# DRAW DOWNS

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- DCA processes draws on Tuesdays & Thursdays
- Time your draw-downs accordingly; “funds should be in your bank 10 days from the day DCA processes request”
- Match signatures to those on Authorized Signature Card
- Invoices must total at least the draw amount and signed by local government official
- Funds should be paid out of your account no later than 3 business days after they are deposited

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Email to:

**CDBG.DRAWS@DCA.GA.GOV**

# Mailing Address for Draw Down Requests

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Office of Community Development  
Georgia Department of Community Affairs  
60 Executive Park South, NE  
Atlanta, GA 30329-2231

